

- 11 **Byrne J**, Murdoch D, Morrison C, *et al*. An audit of activity and outcome from a daily and a weekly "one stop" rapid assessment chest pain clinic. *Postgrad Med J* 2002;**78**:43–6.
- 12 **El Gaylani N**, Weston CF, Shandall A, *et al*. Experience of a rapid access acute chest pain clinic. *Irish Med J* 1997;**90**:139–40.
- 13 **Davie AP**, Caesar D, Caruana L, *et al*. Outcome from a rapid-assessment chest pain clinic. *Q J Med* 1998;**91**:339–43.
- 14 **Tenkorang JN**, Fox KF, Wood DA. A brief report on the data available on rapid access cardiology clinics. *Br J Cardiol* 2005;**12**:139–41.
- 15 **Wood DA**, Fox KF, Gibbs SR. Rapid cardiology: for chest pain, breathlessness and palpitations. *Q J Med* 2001;**94**:177–8.
- 16 **Sekhri N**, Timmis AD. Rapid access chest pain clinics: are they clinically effective? *Hosp Med* 2003;**64**:324–5.
- 17 **Remme WJ**, Swedberg K. Taskforce for the diagnosis and treatment of chronic heart failure. European Society of Cardiology. Guidelines for the diagnosis and treatment of chronic heart failure. *Eur Heart J* 2001;**22**:1527–60.
- 18 **European Society of Cardiology**. Management of stable angina pectoris: recommendations of the task force of the European Society of Cardiology. *Eur Heart J* 1997;**18**:394–413.
- 19 **Office For National Statistics**. Table 2.9. Deaths: underlying cause, sex and age-group, 2003, Chapter IX. Diseases of the circulatory system. In: *Mortality statistics: review of the Registrar General on deaths by cause, sex and age, in England and Wales, 2003*. Series DH2, no 30. London: Office For National Statistics, 2004:90–107. (http://www.statistics.gov.uk/downloads/theme_health/Dh2_30/DH2No30.pdf (accessed 1 Feb 2006)).
- 20 **Garg R**, Yusuf S. Overview of randomised trials of angiotensin-converting enzyme inhibitors on mortality and morbidity in patients with heart failure. Collaborative group on ACE inhibitor trials. *JAMA* 1995;**273**:1450–6.
- 21 **Marini C**, De Santis F, Sacco S, *et al*. Contribution of atrial fibrillation to incidence and outcome of ischemic stroke: results from a population-based study. *Stroke* 2005;**36**:1115–9.

IMAGES IN CARDIOLOGY

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Separate anomalous origin of the left anterior descending artery and the left circumflex artery

A 52-year-old-man was referred following complaints of dyspnoea, and eructation. An exercise myocardial perfusion scan showed a small fixed inferior wall perfusion defect with normal left ventricular systolic function. Following a pre-syncope episode he was admitted to hospital where serial cardiac markers, ECGs, full blood count and electrolytes were all normal.

Coronary angiography was performed which showed a rare abnormality of the coronary arteries. The coronary arteries were free of atherosclerotic disease. The left anterior descending artery was found to arise from the right coronary sinus just above the right coronary ostium. The left anterior descending artery passed between the aorta and pulmonary artery onto the anterior surface of the heart to follow its usual course in the interventricular groove (panel A). The left circumflex artery originated from the proximal part of the right coronary artery (panel B). It was possible to image all the coronary arteries using a single 6 French JR4 diagnostic

catheter and a single injection of contrast (panel C; to view video footage visit the *Heart* website—<http://www.heartjnl.com/supplemental>).

We describe a rare and unusual case of anomalous origin of the left anterior descending and the left circumflex artery. The left coronary artery arises from separate ostia in the right coronary sinus above the origin of the right coronary ostium. The left circumflex artery arises from the proximal right coronary artery.



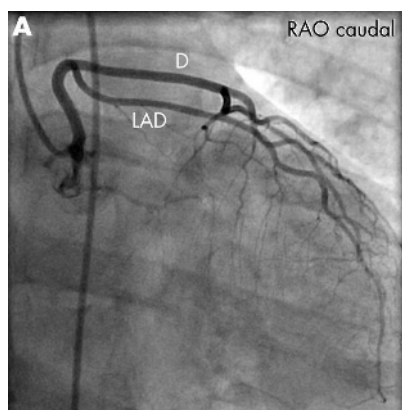
To view video footage visit the *Heart* website—<http://www.heartjnl.com/supplemental>

D S Gill

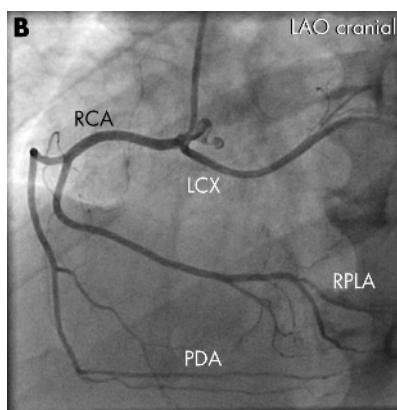
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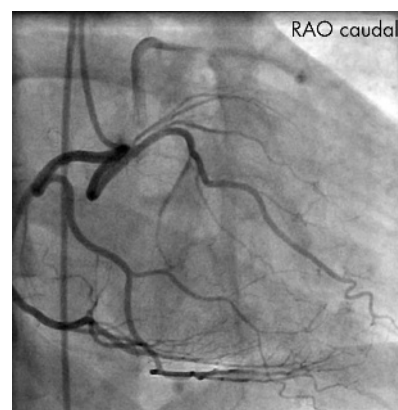
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Right anterior oblique (RAO) caudal view of the anomalous left anterior descending artery (LAD) arising from the right coronary sinus. The diagonal branches (D) are also shown.



Left anterior oblique (LAO) view of the anomalous left circumflex artery (LCX) arising from the proximal right coronary artery (RCA). The posterior descending artery (PDA) and right posterolateral branches are also shown.



RAO views of a single contrast injection showing all the coronary arteries.